

FILED FEB 1 1943

Registration District No.

Primary Registration District No. 1005

Registrar's No. 593

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1227 S. 7th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 17 22
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1227 S. 7th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME CATHERINE Luster

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan 25 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 24 hr. min.

9. Birthplace Salon, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Philip Mattinger
13. Birthplace Union 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth M. Cain 9
15. Birthplace Union 9
(City, town, or county) (State or foreign country)

16. (a) Informant Virgie Adams

(b) Address 1227 S. 7th St.

17. (a) Removal (b) Date thereof 1 22 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christy Inc.

18. (a) Signature of funeral director Charles J. Predeck

(b) Address Christy Inc.

19. (a) JAN 20 1943 (b) J. J. Predeck
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 10th, 1942 to Jan. 19th, 1943;
that I last saw her alive on Jan. 19th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. J. Predeck (M. D. or other)

Address 1319 So. Bdway. Date signed 1/20/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No.....

3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.